EXHIBIT B



CUSTOMER CLAIM

Claim NumberECEIVED

Date Received JUN 2 5 2009

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

| Irving H. Picard, Esq. | Provide your office and home telephone no. |
|--|--|
| Trustee for Bernard L. Madoff Investment Securities LLC Claims Processing Center 2100 McKinney Ave., Suite 800 | OFFICE: (212) 768-6889 |
| Dallas, TX 75201 | HOME: |
| Account Number: 1-R0007-3 & 1-R0007-4 | Taxpayer I.D. Number (Social Security No.) |

L RAGS INC. c/o Weiser LLP Attn: Andrew Cohen

REDACTED

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

| 1. | Clai | m for money balances as of December 11, 2008_: | |
|----|------|--|----|
| | a. | The Broker owes me a Credit (Cr.) Balance of | \$ |
| | b. | I owe the Broker a Debit (Dr.) Balance of | \$ |

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|-------------------------|----------------|---------------------------|-----------|
| | Pg 3 of 1 | | |

| | C. | If you wish to repay the Debit Balance, | | |
|-----------|-------|---|---------------------------------------|------------|
| | | please insert the amount you wish to rep | ay and | |
| | | attach a check payable to "Irving H. Pica | rd, Esq., | |
| | | Trustee for Bernard L. Madoff Investment | Securities LLC." | |
| | | If you wish to make a payment, it must t | oe enclosed | |
| | | with this claim form. | \$ | |
| | d. | If balance is zero, insert "None." | NONE | |
| 2. | Clain | n for securities as of December 11, 2008: | | |
| PLEASE | DO N | OT CLAIM ANY SECURITIES YOU HAVE | IN YOUR POSSESSI | ON. |
| | | | YES | NO |
| | a. | The Broker owes me securities | | |
| | b. | I owe the Broker securities | | ✓ |
| | C. | If yes to either, please list below: | | |
| | | | Number of <u>Face Amoun</u> | |
| Date of | | | The Broker | Owe |
| Transact | tion | | Owes Me | the Broker |
| (trade da | ate) | Name of Security | (Long) | (Short) |
| SEE STA | ATEM | ENT DATED NOVEMBER 30, 2008 | <u> </u> | |
| | | | | |
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assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

| | | <u>YES</u> | <u>NO</u> |
|----|--|------------|-----------|
| 3. | Has there been any change in your account since December 11, 2008? If so, please explain. | | <u> </u> |
| 4. | Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | | |
| 5. | Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | | |
| 6. | Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | | |
| 7. | Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | | |
| 8. | Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | | √ |

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| 9. | Have you or any member of your family | |
|----|---|--|
| | ever filed a claim under the Securities | |
| | Investor Protection Act of 1970? if | |
| | so give name of that broker. | |

Please list the full name and address of anyone assisting you in the preparation of this claim form: <u>Carole Neville, Sonnenschein Nath & Rosenthal LLP, 1221 Avenue of the Americas, 25th Floor, New York, NY 10020.</u>

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF. *

| Date | 6/23/09 | Signature | Whush, | Pres. |
|------|---------|-----------|--------|-------|
| Date | | Signature | | |

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

^{*} This form includes and incorporates in full the attached Addendum. Customer reserves the right to amend the claim for any purpose, including without limitation, to add interest, costs and other losses associated with this account.

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Pg 6 of 13

ADDENDUM

Customer:

L RAGS INC.

Address:

c/o Weiser LLP

Attn: Andrew Cohen

REDACTED

Account #:

1-R0007-3

1-R0007-4

November 30, 2008 Statement - Closing balance net equity \$4,723,810.55

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| | | 1-80007-3-0 | PRICE OR STREED. | 49.480 | 27 52.510 52.040 | 16-730 29-530 73-430 | 53-160 19-630 30-410 | 96.936 | >10 | P1 P | > 10 | | | |
| 785 Third Avenue (7 York, NY 10022 (212) 230-2424 800 334-1343 | Fax (212) 838-4061 | | MOLLECTION | SCHLUMBERGER LTD COMCAST CORP | TET INC CONOCOPHILIPS UNITED PARCEL SVC INC | CISCO SYSTEMS INC CISCO SYSTEMS INC U S BANCORP CLESSOR CORP | UNITED TECHNOLOGIES CORP GENERAL ELECTRIC CO VERTZON COMMUNICATIONS | GOOGUE U S TREASURY BILL DIE 2/12/2009 | | DIV 11/12/08 FIDELITY SPARTAN U S TREASURY MONEY MARKET | FIDELITY SPAKIAN U S TREASURY MONEY MARKET FIDELITY SPAKTAN U S TREASURY MONEY MARKET DIV 11/19/08 | CONTINUED ON PAGE 3 | | |
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| | | |

935 Third Average ** York, NY 16022 (212) 230-2424 800-334-1343 Fax (212) 838-4061

DUPLICATE FOR ACCOUNT L RAGS INC WEISER LLP

New York | London

ATTN: ANDREM COHEN

PERSO Departs

11/30/08

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